

<b>CLAIMS ONLY</b>							SERIAL NO.	FILING DATE
							APPLICANT(S)	
<b>CLAIMS</b>								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	*	*	*
1						51		
2						52		
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46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.	↓		↓		↓	TOTAL IND.	↓	
TOTAL DEP.	↓		↓		↓	TOTAL DEP.	↓	
TOTAL CLAIMS						TOTAL CLAIMS		
* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS								
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